

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	TR	1112	7/13/01
RESPONSE FORMALITY REVIEW			9/19/01

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	1	6	3	12	Date
1	✓	✓	✓	✓	✓	✓	
2	✓	✓	✓	✓	✓	✓	
3	✓	✓	✓	✓	✓	✓	
4	✓	✓	✓	✓	✓	✓	
5	✓	✓	✓	✓	✓	✓	
6	✓	✓	✓	✓	✓	✓	
7	✓	✓	✓	✓	✓	✓	
8	✓	✓	✓	✓	✓	✓	
9	✓	✓	✓	✓	✓	✓	
10	✓	✓	✓	✓	✓	✓	
11	✓	✓	✓	✓	✓	✓	
12	✓	✓	✓	✓	✓	✓	
13	✓	✓	✓	✓	✓	✓	
14	✓	✓	✓	✓	✓	✓	
15	✓	✓	✓	✓	✓	✓	
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17	✓	✓	✓	✓	✓	✓	
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37	✓	✓	✓	✓	✓	✓	
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49	✓	✓	✓	✓	✓	✓	
50	✓	✓	✓	✓	✓	✓	

Claim	Final	Original	1	6	3	12	Date
51	✓	✓	✓	✓	✓	✓	
52	✓	✓	✓	✓	✓	✓	
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62	✓	✓	✓	✓	✓	✓	
63	✓	✓	✓	✓	✓	✓	
64	✓	✓	✓	✓	✓	✓	
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66	✓	✓	✓	✓	✓	✓	
67	✓	✓	✓	✓	✓	✓	
68	✓	✓	✓	✓	✓	✓	
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70	✓	✓	✓	✓	✓	✓	
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87	✓	✓	✓	✓	✓	✓	
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99	✓	✓	✓	✓	✓	✓	
100	✓	✓	✓	✓	✓	✓	

Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

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